

STATE OF HAWAII  
FAMILY COURT  
FIRST CIRCUIT

ADOPTION INFORMATION SHEET

CASE NUMBER  
FC-A NO.

**Instructions:** The Attorney, Petitioner(s) Pro Se or the Agency completes this form. In "closed" or confidential adoptions, this page should not be revealed to the Petitioners when completed. After the adoption has been completed, a copy of this form will be submitted to the Adoption Records Unit for use upon receipt of disclosure requests (See HRS Section 578-15).

**Child(ren)'s last name at birth:**

**Child(ren)'s First & Middle Names**

**Child(ren)'s Full Name After Adoption**

1.

2.

3.

4.

**Adoption Agency (if any):**

**ADOPTIVE PARENTS**

**Adoptive Father**

**Adoptive Mother**

Full Legal Name  
(include birth/maiden names)

Address

Telephone

Birth Date

Social Security Number

Ethnic Background

**NATURAL  
PARENTS**

**Father**  
[ ] Natural [ ] Legal [ ] Adjudicated

**Mother**

Name

Address

Telephone

Birth Date

Social Security Number

Ethnic Background

**Legal Only Father**  
(Full Name and Address)

**The undersigned declares under penalty of perjury that the above information is true and correct.**

Signature:

[ ] Attorney [ ] Petitioner Pro Se  
[ ] Agency Representative

